

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 519738 5-18-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.				/		
TOTAL DEP.				/		
TOTAL CLAIMS			18	18		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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